You must be aware that you have a legal duty to protect the health and well-being of your employees and anyone else, for example your patients, who may be at risk from the work that you do. This is governed by the Health and Safety at Work Act 1974 and the Management of Health and safety at Work Regulations 1999.

Most of the aesthetic work will bring you and your staff into contact with blood at some point either by the potential for a sharp's injury or from handling blood contaminated waste products. You are required to have a safety policy and have ensured that your staff have been made familiar with it. There is also specific legislation about BBVS within Control of Substances Hazardous to Health Regulations 2002 (COSHH). Here you have a legal duty to assess the risk of infection for employees and others that may be affected by what you do. You must also provide training to employees about the risks to their health that they may face in the work environment.

Practitioners who are in contact with blood or body fluids should receive vaccination to Hepatitis B and if you employ staff who are at risk, it is your duty to ensure they have the appropriate immunity.

Risk Assessment

The Health and Safety Executive (HSE) has produced general guidance on carrying out risk assessment:

- Identify the hazards where BBVs may be present.
- Decide who may be harmed and how could that happen? Within your aesthetics practice it could be treating patients with, for example, injectables leaving the worker at risk from sharps injury or other staff could be at risk from clearing away or handling contaminated waste.
- Assess how likely it is that a BBV could cause ill health and decide what precautions are needed or if already in existence, are they enough? What more could be done? You should also consider how often there is likely to be contact with blood or other bodily fluids, the number of different people where contact may be made.
- Consideration should also be given to any existing information about injuries that have previously occurred in the workplace that is being assessed.
- How will records be made and stored?
- Is there a system for review?

To ensure safe systems of work for yourself and your employees, the following measures should be adopted and adapted to suit your situation:

- Do not allow smoking, eating, and drinking in the working area where there could be a risk of contamination.
- The application of cosmetics should be avoided within the place of work.
- Try to avoid having any cuts, puncture wounds or abrasions in the presence of body fluids. Always have these covered up.
- Always wear gloves when required.
- Have a clear sharps policy in place, highlighting minimal handling and ensuring safe disposal.
- Do not re-sheath needles.
- Use safety equipment as much as possible, for example safety needles and replacing sharp scissors with round ended ones.
- Use visors, goggles and/or face masks where possible, especially if there is a chance of splashing from body fluids.
- Assess if the risk is great enough to warrant further Personal Protective Equipment (PPE) such as aprons, over-shoes/scrub shoes, water resistant clothing.
- Use good basic hygiene practices such as adequate hand hygiene (WHO)
- Use appropriate decontamination processes for hard surfaces.
- Ensure all waste is disposed of properly and safely.

Vaccination

There are vaccinations against HBV but not against other BBVs. Vaccination against HBV should be considered as part of the wider risk assessment and should be seen only as a supplement to other control measures.

The Health Protection Agencies' Eye of the Needle Report details monitoring carried out since 1997 with regards to Significant Occupational Exposures (SOEs) of Health Care Workers (HCWs) from BBVs. The report focuses on the number of seroconversions following exposure to BBVs. Since the last eye of the needle report in 2014 there have been 2 HCV seroconversions. This brings the totals since reporting began in 1997 to 23 HCV, 1 HIV and 0 HBV. This is due to 98% of HCWs being vaccinated against HBV.

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Contamination

Under certain conditions (laboratory), HIV can remain infectious in dried and liquid blood for several weeks and HBV can remain active for even longer. In clinical areas, these viruses can remain active for days. The use of heat treatments or chemical disinfection would be necessary if materials were to become contaminated with blood or other body fluids. Heat and chemicals will inactivate BBVs. As an employer you should have a code of practice for dealing with spillages and staff should be familiar with it. Further guidance can be found at Advisory Committee on Dangerous Pathogens.

Safe disposal of waste is especially important with regards to the management of BBVs. A risk assessment should be carried out with regards to any waste generated within your aesthetic practice. The management of Health care waste is an essential part of ensuring infection control by limiting the risk of contamination from clinical waste. Clinical waste comprises of items such as needles and sharps, swabs and dressings that have been either wholly or partially contaminated by blood or other bodily fluids. A framework should be in place to help healthcare waste producers meet legislative requirements. This framework should be in place to protect the work force and the patient from exposure to infections caused by waste present in the environment.

Aesthetic treatments produce contaminated waste. It is the employer's responsibility as part of their overall Health and Safety plan to manage this.

Incidents such as a puncture wound from a needle known to contain contaminated blood should be reported as a dangerous occurrence. You have a legal duty to report this under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Specific guidance and further information can be found at www.hse.gov.uk/riddor

Employees have a legal duty to take care of their own health and safety and to protect the health and safety of others that could be affected by what they do. Employees must ensure that they are fully aware of policies and procedures put in place by the employer and that they make full use of the control measures. Employees should also help their employer to comply with their legal responsibilities towards BBVs.

There is no legal obligation for an employee to disclose that they have a BBV, and they should be able to work normally unless they become ill. If they do become ill and are no longer able to do their job, they must be treated the same way as anyone else with an illness. If it is known by the employer that an employee has a BBV then this **must** be kept strictly confidential.

If you become contaminated with blood or any other bodily fluids, you must treat it as though the bodily fluid is infected. The following guidelines should be followed:

- Wash the splashes from your skin with soap and running water
- If there are any breaks in your skin, encourage the wound to bleed, then rinse thoroughly in running water. Do not suck the wound and do not scrub.
- Wash out any splashes to the eyes nose and mouth and do not swallow the water.
- Record the incident and the source.
- Perform a risk assessment on the source of contamination, if possible and if the patient consents, take a blood test from the contaminant for testing for BBVs.
- Report this to your manager if applicable.
- Advice regarding Post Exposure Prophylaxis may be obtained from your GP, local GUM clinic or Accident and Emergency Department.

Post Exposure Prophylaxis (PEP)

It is important to get help if you think you may have been contaminated with a BBV and you should get this help quickly. An assessment needs to be made as the whether you would need Post Exposure Prophylaxis (PEP) treatment against BBVs and this needs to be started within 72 hours post exposure, but evidence of effectiveness dictates this should be started as soon as possible - do not wait! Anti-retroviral medication can help reduce the risk of contamination becoming infection.